

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PS</i>		<i>08/05/01</i>
O.I.P.E. CLASSIFIER	<i>U</i>	<i>20</i>	<i>01/15</i>
FORMALITY REVIEW	<i>TH</i>	<i>953</i>	<i>08-30-01</i>
RESPONSE FORMALITY REVIEW	<i>M.D</i>	<i>675</i>	<i>04-26-02</i>
	<i>ST</i>	<i>1021</i>	<i>08/20/02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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530  
08-30-01  
851 05/04/02